

STATE OF NEW HAMPSHIRE

2019 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

APR 1 9 2019

PLEASE PRINT

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s)	Maureen Mahoney					
II. Name of lobbyist's p	partnership, firm or c	orporation, if ar	ıy:			
Consumer Reports,	Inc.					
(Name	of partnership, firm or co	orporation)				
1535 Mission Street		San Francisco		CA	94103	
Business Address: (Street	et)	(Town/City)	(Sta	ite)	(Zip Code)	
() (415) 431-6747	()	(415) 431-0906 (Fax)	e-mail	jlevy@consu	imer.org	
() (415) 431-6747 (Telephone)	· ,	(Fax)		· · · ·		
reportable expense tra	nsactions which are n	ot attributable t	o any one client).		file a separate report for	
All reportable transa Consumer Reports	ctions occurring in the	months prior to t	he reporting date rel	ative to the fo	ollowing client:	
	(Full Name of Client as it	annears on the Lol	obvist Registration For	m)		
OR	(run runne or enem us n	uppears on the iso	so, ist registration i o	,		
☐ All reportable transactunrelated to any particul		including the lob	oyist's family), or th	e lobbying fi	rm listed below which are	
IV. Date of Report Reports cover: activity	April 24, 2019 XI ity from date of registration to 3/31/19 act			July 31, 2019 vity from 4/1/19 to 6/30/19		
ac	October 30, 2019 activity from 7/1/19 to 9/30/19			January 29, 2020 ☐ activity from 10/1/19 to 12/31/19		
V. There have been r If this box is checked, co Concord, NH 03301.						
VI. Check if additional	reports are attached	•				
	I fees or made expendi		le Addendum A- F	ees and Expe	nses	
•	honorarium or reimbur	•				
☐ If you, your firm, or	your family has made	political contribu	itions, you must file	Addendum	C- Political Contributions	
Sworn Statement/Affir I have read RSA 15, RS. and complete to the best	A 15-B, RSA 14-C and		reby swear or affirm	n that the fore	? egoing information is true	
1_			04/16/1	9		
(Signature of lobbyist)				(Date)	<u></u>	
Maureen Mahoney			•			
(Print Name of lobbyist)					